

EXHIBIT BW



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Memorandum

Date

AUG 4 1997

From

June Gibbs Brown
Inspector General

Subject

Medicaid Pharmacy - Actual Acquisition Cost of Generic Prescription Drug Products
(A-06-97-00011)

To

Bruce C. Vladeck
Administrator
Health Care Financing Administration

Attached are two copies of our final report on the consolidated results of our review of pharmacy acquisition cost for generic drugs reimbursed under the Medicaid prescription drug program. The report is in response to a request from your Medicaid Bureau that the Office of Inspector General (OIG) document the size of the difference between average wholesale price (AWP) and actual invoice prices paid by retail pharmacies to purchase drugs. Most States use AWP, minus a percentage discount which varies by State, as a basis for reimbursing pharmacies for drug prescriptions. Therefore, the objective of our review was to develop a nationwide estimate of the discount below AWP at which pharmacies purchase generic drugs. Estimates were also developed for the discount below AWP at which pharmacies purchase brand name drugs and those results were summarized and issued in a separate report.

We estimated that pharmacies pay an average of 42.5 percent less than AWP for drugs sold to Medicaid beneficiaries. This estimate combined the results for four categories of pharmacies, rural-chain, rural-independent, urban-chain, and urban-independent, and excluded the results obtained from non-traditional pharmacies. Through use of statistical sampling, we obtained pricing information from 314 pharmacies in 11 States and obtained 9,075 invoice prices for generic drug products. Unlike brand name drugs, where reimbursement is predominantly based on a discounted AWP, reimbursement of generic drugs is limited by Federal upper limit amounts that are established by the Health Care Financing Administration (HCFA). Taking the upper limits into consideration, we calculate that as much as \$145.5 million could have been saved in Calendar Years 1994 and 1995 for 200 generic drugs with the greatest amount of Medicaid reimbursement in each year, if reimbursement had been based on the findings of this report.

We are recommending that HCFA work to ensure that States reimburse the ingredient portion of Medicaid drugs in a manner more consistent with the findings of this report. Additionally, we are recommending that HCFA study any of the other factors (for example, dispensing fees) which they believe could significantly impact pharmacy reimbursement.

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Page 2 - Bruce C. Vladeck

We remain available to assist HCFA in implementing these recommendations. The HCFA Administrator responded to our draft report in a memorandum dated July 7, 1997. In that memorandum, HCFA agreed with the findings and recommendations of this report.

We would appreciate your views and the status of any further action taken or contemplated on our recommendations within the next 60 days. If you have any questions, please contact me or have your staff contact George M. Reeb, Assistant Inspector General for Health Care Financing Audits, at (410) 786-7104.

To facilitate identification, please refer to Common Identification Number A-06-97-00011 in all correspondence relating to this report.

Attachments

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**MEDICAID PHARMACY - ACTUAL
ACQUISITION COST OF GENERIC
PRESCRIPTION DRUG PRODUCTS**



**JUNE GIBBS BROWN
Inspector General**

**AUGUST 1997
A-06-97-00011**

SUMMARY

At the request of the Health Care Financing Administration (HCFA), the Office of Inspector General (OIG) conducted a nationwide review of pharmacy acquisition cost for generic drugs reimbursed under the Medicaid prescription drug program. Since most States reimburse pharmacies for Medicaid prescriptions using a formula which discounts the average wholesale price (AWP), the objective of our review was to develop a nationwide estimate of the discount below AWP at which pharmacies purchase generic drugs. Estimates for brand name drugs were also developed and those results were reported in a separate report.

To accomplish our objective, we selected a random sample of 11 States from a universe of 48 States and the District of Columbia. Arizona was excluded from the universe of States because the Medicaid drug program is a demonstration project using prepaid capitation financing and Tennessee was excluded because of a waiver received to implement a statewide managed care program for Medicaid. The sample States were California, Delaware, District of Columbia, Florida, Maryland, Missouri, Montana, Nebraska, New Jersey, North Carolina, and Virginia. We obtained pricing information from 314 pharmacies. Specifically, we obtained 9,075 invoice prices for generic drugs.

We estimated that, on average, actual acquisition cost of generic drugs was 42.5 percent below AWP. Unlike brand name drugs, where reimbursement is predominantly based on a discounted AWP, reimbursement of generic drugs can be limited by Federal upper limit amounts that are established by HCFA. Taking the upper limits into consideration, we calculated a savings of as much as \$145.5 million in Calendar Years (CY) 1994 and 1995 for 200 generic drugs with the greatest amount of Medicaid reimbursement in each year, if reimbursement had been based on the findings of this report.

For the 11 States, we selected a sample of Medicaid pharmacy providers and obtained invoices of their drug purchases. The pharmacies were selected from each of five categories--rural-chain, rural-independent, urban-chain, urban-independent, and non-traditional pharmacies (nursing home pharmacies, hospital pharmacies, etc.). We excluded the non-traditional category from our overall estimates. We believed such pharmacies purchase drugs at substantially greater discounts than retail pharmacies, and including them would have inflated our percentages.

We compared each invoice drug price to AWP for that drug and calculated the percentage, if any, by which the invoice price was discounted below AWP. We then projected those differences to the universe of pharmacies in each category for each State and calculated an overall estimate for each State. Additionally, we projected the results from each State to estimate the nationwide difference between invoice price and AWP for each category.

We are recommending that HCFA work to ensure that States reimburse the ingredient portion of Medicaid drugs in a manner more consistent with the findings of this report. Additionally, we

are recommending that HCFA study any of the other factors (for example, dispensing fees) which they believe could significantly impact pharmacy reimbursement. We remain available to assist HCFA in implementing these recommendations.

The HCFA Administrator responded to our draft report in a memorandum dated July 7, 1997. The HCFA concurred with the findings and recommendations of this report. The HCFA hoped that this report would provide the necessary impetus for States to restructure their payment methodology for outpatient drugs. The full text of HCFA's comments is included in Appendix 3.

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INTRODUCTION

At HCFA's request, the OIG, Office of Audit Services (OAS) conducted a nationwide review of pharmacy acquisition cost for drugs reimbursed under the Medicaid prescription drug program. The objective of our review was to develop a nationwide estimate of the difference between actual acquisition cost of drugs by the retail pharmacy and AWP for generic drugs.

BACKGROUND

Medicaid regulations provide for the reimbursement of drugs using two methods. If a drug is a multiple source (generic) drug, then reimbursement is based on the lower of the pharmacist's usual and customary charge to the general public or a Federal upper limit amount plus a dispensing fee. The Federal upper limit amounts are established by HCFA. If a drug is a single source (brand name) drug, or a generic drug for which an upper limit amount has not been established, then the reimbursement is the lower of the pharmacist's usual and customary charge to the general public or the estimated acquisition costs (EAC) plus a reasonable dispensing fee. The State agencies are responsible for determining the EAC and the dispensing fee.

The EAC for most States is calculated by using AWP for a drug less a discount percentage. The AWP is the price assigned to the drug by its manufacturer and is listed in either the **Red Book**, **Medispan** or the **Blue Book**--publications universally used in the pharmaceutical industry. Prior to 1984, most States used 100 percent of AWP for reimbursement of acquisition cost. However, the OIG issued a report in 1984 which stated that, on average, pharmacies purchased drugs for 15.9 percent below AWP. In 1989, the OIG issued a follow-up report which concluded that pharmacies were purchasing drugs at discounts of 15.5 percent below AWP. Both the 1984 and 1989 reports combined brand name and generic drugs in calculating the percentage discounts and included a comparison of 3,469 and 4,723 purchases, respectively.

In 1989, HCFA issued a revision to the State Medicaid Manual which pointed out that a preponderance of evidence demonstrated that AWP overstated prices that pharmacies actually paid for drugs by as much as 10 to 20 percent. The Manual issuance further provided that, absent valid documentation to the contrary, it would not be acceptable for a State to make reimbursements using AWP without a significant discount.

In November 1990, the Omnibus Budget Reconciliation Act of 1990 was passed which placed a 4-year moratorium on changes to States' reimbursement policies. The moratorium expired on December 31, 1994 and HCFA requested that we, once again, determine the difference between AWP and actual pharmacy acquisition cost.

An article in the June 10, 1996 issue of **Barron's** entitled, "*Hooked on Drugs*," focused additional attention on AWP and its relationship to actual acquisition cost. **Barron's** compared

about 300 dose forms of the top 20 Medicare drugs and concluded that the true cost was 10 to 20 percent below AWP for brand name drugs and 60 to 85 percent below AWP for generic drugs. **Barron's** also reported that industry insiders joke that AWP really means "Ain't What's Paid".

SCOPE

Our review was performed in accordance with generally accepted government auditing standards. The objective of our review was to develop a nationwide estimate of the difference between the actual invoice prices of generic prescription drugs to Medicaid pharmacy providers and AWP. Our objective did not require that we identify or review any internal control systems.

Our review was limited to ingredient acquisition costs and did not address other areas such as: the effect of Medicaid business as a contribution to other store sales; the cost to provide professional services other than dispensing a prescription such as therapeutic interventions, patient education, and physician consultation; and the cost of dispensing which includes costs for computers, multipart labels, containers, technical staff, transaction fees, Medicaid specific administrative costs, and general overhead.

To accomplish our objective, we designed a multistage sampling procedure (a detailed description of our sample design is included as **Appendix 1** to this report). State Medicaid agencies were designated as the primary units and Medicaid pharmacy providers as the secondary units. We selected a random sample of 11 States from a universe of 49 States including the District of Columbia. Arizona was excluded from the universe of States because the Medicaid drug program is a demonstration project using prepaid capitation financing and Tennessee was excluded because of a waiver received to implement a managed care program for Medicaid. The States selected were California, Delaware, District of Columbia, Florida, Maryland, Missouri, Montana, Nebraska, New Jersey, North Carolina and Virginia.

We obtained a listing of all Medicaid pharmacy providers from each sample State. The State Agencies were responsible for classifying each pharmacy as a chain, independent or non-traditional. For purposes of this review, a chain was defined as four or more pharmacies with common ownership. We determined whether each pharmacy was rural or urban by comparing the county location for each pharmacy to a December 31, 1992 listing of the metropolitan areas and their components. We selected a stratified random sample of 60 pharmacies from each State with 12 pharmacies selected from each of 5 strata--urban-chain, rural-chain, urban-independent, rural-independent, and non-traditional (nursing home pharmacies, hospital pharmacies, home IV, etc.) If a stratum had a universe of less than 12, we selected 100 percent of the pharmacies in that stratum. We included the non-traditional category so as to be able to exclude those pharmacies from our estimates. We believed that such pharmacies are able to purchase drugs at substantially greater discounts than a retail pharmacy and would inflate our estimate.

We requested, from each pharmacy selected, the largest invoice from each different source of supply for a specified month in CY 1994. We identified the sources of supply as wholesalers, chain warehouse distribution centers, and direct manufacturer purchases. Each pharmacy was initially assigned a month from January through September in order to provide a cross section of this 9-month time period. However, we permitted some pharmacies to provide invoices from October, November or December as invoices were not available from the earlier period.

We reviewed every line item on the invoices supplied by the sample pharmacies to ensure that invoices contained the information necessary for our review. We eliminated over-the-counter items. Some invoices did not include National Drug Codes (NDC), which was needed to obtain AWP for the drug. We attempted to obtain NDCs in those instances. We used the **1994 Red Book**, a nationally recognized reference for drug product and pricing information, to obtain NDCs or identify over-the-counter items. One prominent wholesaler, whose invoices contained that wholesaler's item numbers rather than NDCs, provided us with a listing that converted their item numbers to NDCs. If we were unable to identify the NDC for a drug, we eliminated the line item.

We obtained a listing from HCFA that indicated whether a drug is a brand name or generic drug. We used that listing to identify the generic drugs on the invoices. If a drug was not on the HCFA listing, we used the **Red Book** to determine whether the drug was a generic drug. We also obtained from HCFA a listing of the top 200 generic drugs in terms of the amount reimbursed by Medicaid for CY 1994 and for CY 1995. The listing also included the total units reimbursed for those drugs.

The State of Missouri provided us with a pricing file for the purpose of obtaining AWP for each drug. We compared the invoice drug price to AWP for each drug and calculated the percentage, if any, by which the invoice price was discounted below AWP. If a drug from an invoice was not on the pricing file, we eliminated that drug.

We involved State agency officials in planning the methodology for this review. A meeting was held in Richmond, Virginia, with HCFA officials and Medicaid pharmacy representatives from the sample States to collaboratively design our approach. A second meeting was also held in Richmond, Virginia involving HCFA officials and pharmacy representatives from the sample States to present the results of our review and discuss how best to present these results to the States.

We used OAS statistical software to calculate all estimates as well as to generate all random numbers. We obtained the total number of pharmacies in the universe and State reimbursement information from the September 1994 issue of **Pharmaceutical Benefits Under State Medical Assistance Programs**. We did not independently verify any information obtained from third

party sources. Our review was conducted by the staff of the OAS Field Office in Little Rock, Arkansas with assistance from staff in our OAS Field Offices in Baton Rouge, Louisiana, Austin, Texas, and Oklahoma City, Oklahoma from September 1994 to September 1995.

FINDINGS AND RECOMMENDATIONS

We estimated that pharmacies pay an average of 42.5 percent less than AWP for drugs sold to Medicaid beneficiaries. The estimate combined all pharmacy categories except non-traditional pharmacies and was based on the comparison of AWP for 9,075 invoice prices received from 314 pharmacies in the 11 State sample. The standard error for this estimate was .90 percent.

The estimates by individual categories for generic drugs are summarized in the following table:

Category	Point Estimate	Standard Error	Sample Pharmacies	Prices Compared
Rural-Chain	47.5	1.63	73	2,963
Rural-Independent	47.4	.93	78	1,798
Urban-Chain	37.6	2.82	72	2,634
Urban-Independent	46.7	2.44	91	1,680
Non-Traditional	57.7	1.98	59	1,262
Overall (Exc. Non-Trad.)	42.5	.90	314	9,075

While the estimate of the discount below AWP of invoice price for generic drugs is significant, this difference is mitigated by Federal upper limit amounts for generic drugs. Reimbursement for the ingredient cost, or EAC, of generic drugs is limited to the upper limit amounts established by HCFA. The upper limit amounts are based on 150 percent of AWP for the lowest priced generic equivalent. However, every generic drug does not have an upper limit established and in those cases, reimbursement of EAC is the same as reimbursement of EAC for brand name drugs. The EAC for brand name drugs is predominantly based on a discounted AWP, with 10 percent being the most common discount. Therefore, reimbursement of generic drugs which do not have upper limits is greatly in excess of the actual cost of the drug.

In order to assess the significance of the difference between what pharmacists pay for generic drugs and what Medicaid reimburses for those drugs, we calculated the difference for the 200 generic drugs with the most Medicaid reimbursement in CY 1994 and for the 200 with the most Medicaid reimbursement in CY 1995. For 187 drugs with upper limit amounts, we multiplied Medicaid utilization by the difference between the upper limit (what Medicaid pays for EAC)

and AWP discounted by 42.5 percent (pharmacy cost per our review). For 213 drugs without upper limits, we multiplied Medicaid utilization by AWP discounted by the difference between 42.5 percent and the most commonly used discount of 10 percent. We used the AWP for each drug that was in effect January 1, 1994 and January 1, 1995, respectively. We also used the upper limit amount that was in effect January 1, 1994 or January 1, 1995.

The difference between what Medicaid reimburses for ingredient cost and our estimate of what pharmacies actually pay was \$145.5 million for the 2-year period. The majority, \$132.7 million, of the difference was attributable to the 213 drugs without upper limits established.

Reimbursement for 112 of the 187 drugs with upper limits was \$37.3 million more than the estimated cost and reimbursement for the remaining 75 drugs was \$24.5 million less than estimated cost. The following table details the results of our calculations:

	1992	1995	1994 & 1995	Difference between Reimbursement and Acq. Cost *	Total Reimbursement by Medicaid
Drugs without upper limits	116	97	213	\$132,656	\$414,408
Drugs with upper limits greater than cost	54	58	112	\$37,304	\$153,725
Drugs with upper limits less than cost	30	45	75	\$(24,495)	\$90,977
Totals	200	200	400	\$145,465	\$659,110

* - Amounts in thousands

CONCLUSIONS AND RECOMMENDATIONS

Based on our review, we have determined that there is a significant difference between pharmacy acquisition cost and AWP. We have also calculated that changing reimbursement policy consistent with the findings of our report could have resulted in savings of as much as \$145.5 million in CY 1994 and CY 1995 for the 200 most reimbursed drugs in each year. We recognize that these calculations do not incorporate all the complexities of pharmacy reimbursement and that acquisition cost is just one factor in pharmacy reimbursement policy. We believe that any change to that policy should also consider the other factors discussed in the Scope section of our report. However, we also believe that the results of this report are significant enough to warrant a review of pharmacy reimbursement policy.

Therefore, we recommend that HCFA work to ensure that States reimburse the ingredient portion of Medicaid drugs in a manner more consistent with the findings of this report. Additionally, we recommend that HCFA study any of the other factors which they believe could significantly impact pharmacy reimbursement.

HCFA'S COMMENTS

The HCFA Administrator responded to our draft report in a memorandum dated July 7, 1997. The HCFA concurred with the findings and recommendations of this report. The HCFA hoped that this report would provide the necessary impetus for States to restructure their payment methodology for outpatient drugs. The full text of HCFA's comments is included in Appendix 3.

APPENDICES

APPENDIX I
PAGE 1 OF 2

SAMPLE DESCRIPTION

Sample Objectives:

Develop a nationwide estimate of the extent of the discount below average wholesale prices (AWP) of actual invoice prices to Medicaid pharmacies for generic drugs.

Population:

The primary sampling population was all States providing coverage of prescription drugs as an optional service under Section 1905 (a) (12) of the Social Security Act. Section 1903 (a) of the Act provides for Federal financial participation (FFP) in State expenditures for prescription drugs.

Sampling Frame:

The primary sampling frame was a listing of all States participating in the Medicaid prescription drug program except for Arizona and Tennessee. Arizona was excluded because the Medicaid drug program is a demonstration project using prepaid capitation financing and Tennessee was excluded because of a waiver received to implement a managed care program for Medicaid.

Sample Design:

A multistage sample was designed with States as the primary sample units and Medicaid pharmacy providers within those States as the secondary sample units. A simple random sample of States was selected for the primary sample and a stratified random sample of pharmacies was selected for the secondary sample. A sample of 12 pharmacies was selected from each of 5 strata. The 5 strata of pharmacies were rural-chain, rural-independent, urban-chain, urban-independent, and non-traditional (nursing home pharmacies, hospital pharmacies, home IV, etc.). Each pharmacy was assigned a month from 1994 for which to provide invoices. All pharmacies were initially assigned a month from January through September in a method designed to provide a cross section of the 9-month period. However, some pharmacies were permitted to submit invoices from October, November or December as invoices were not available for the month originally

APPENDIX 1
PAGE 2 OF 2

assigned. The largest invoice from each of four different sources of supply was requested. The sources of supply were identified as wholesalers, chain warehouse distribution centers, and direct manufacturer purchases. All invoice prices were compared to AWP.

Sample Size:

Eleven States were selected for review from our primary sampling frame. Twelve pharmacies were selected from each stratum of our secondary sample frame. A maximum of 60 pharmacies was selected from each State. Some States did not have 12 pharmacies in all strata or have every strata.

Source of Random Numbers:

OAS statistical sampling software was used to generate the random numbers.

Characteristics to be Measured:

From our review of the pharmacy invoices we calculated the percentage of the discount below AWP of actual invoice prices for all drugs on the invoices submitted.

Treatment of Missing Sample Items:

No spare was substituted for a pharmacy that did not respond to our request or did not provide usable information. If a pharmacy stratum had 12 or fewer pharmacies, we reviewed all of the pharmacies in that stratum. If a pharmacy did not send an invoice for a particular type of supplier, we assumed that the pharmacy did not purchase drugs from that type of supplier during the month assigned to the pharmacy.

Estimation Methodology:

We used OAS statistical software for multistage variable sampling to project the percentage difference between actual invoice prices and AWP for each stratum, as well as an overall percent difference.

Other Evidence:

We obtained AWP from First DataBank.

APPENDIX 2

NATIONWIDE SAMPLE RESULTS
GENERIC NAME DRUGS

Category	Number of Samples	Number of Prescriptions	Number of Patients	Percentage of Generic Prescriptions	Percentage of Generic Patients	Percentage of Generic Prescriptions		Percentage of Generic Patients	
						Excl. Non-Trad.	Incl. Non-Trad.	Excl. Non-Trad.	Incl. Non-Trad.
RURAL-CHAIN	1,095	73	2,963	47.51	1.63	44.82	50.20		
RURAL-INDEPENDENT	1,499	78	1,798	47.38	0.93	45.85	48.92		
URBAN-CHAIN	8,194	72	2,634	37.61	2.82	32.97	42.26		
URBAN-INDEPENDENT	6,242	91	1,680	46.72	2.44	42.70	50.73		
NON-TRADITIONAL	2,026	59	1,262	57.70	1.98	54.43	60.96		
OVERALL (EXCL. NON-TRAD)	17,030	314	9,075	42.45	0.90	40.97	43.93		

APPENDIX 3
(PAGE 1 OF 2)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administrat

The Administrator
Washington, D.C. 20201

JUL 7 1997

DATE:

TO: June Gibbs Brown
Inspector General

FROM: Bruce C. Vladeck *Bruce C. Vladeck*
Administrator

SUBJECT: Office of Inspector General (OIG) Draft Report: "Medicaid Pharmacy--
Actual Acquisition Cost of Generic Prescription Drug Products,"
(A-06-97-00011)

We reviewed the above-referenced report concerning the pharmacy acquisition cost for generic drugs reimbursed under the Medicaid prescription drug program.

Our detailed comments are attached for your consideration. Thank you for the opportunity to review and comment on this report.

Attachment

Health Care Financing Administration (HCFA) Comments on
Office of Inspector General (OIG) Draft Report Entitled:
"Medicaid Pharmacy--Actual Acquisition Cost of Generic Prescription Drug Products,"
(A-06-97-00011)

OIG Recommendation

HCFA should work to ensure that states reimburse the ingredient portion of Medicaid drugs in a manner more consistent with the findings of this report. Additionally, HCFA should study any of the other factors it believes could significantly impact pharmacy reimbursement.

HCFA Response

We concur. The findings shown in the report confirm the belief shared by many states that the pharmacy's actual generic drug acquisition costs are much less than the prices paid by many states to the pharmacies. An increasing number of state outpatient drug programs are changing the basis for reimbursing ingredient costs from the average wholesale price to the lower of the wholesaler acquisition cost, the usual and customary charge, or the estimated acquisition cost, in order to be closer to the actual price paid by the pharmacy to acquire the drug. This report provides a monetary incentive for states to reassess their drug reimbursement methodology as they look for ways to stretch their operating budgets.

The report also recommends that HCFA study other factors that affect drug costs such as dispensing fees. Regional office personnel who function as drug rebate coordinators polled the states in their regions in both 1995 and 1996 to ascertain whether states are considering lowering the dispensing fee. Their findings indicate that states are beginning to consider reducing their dispensing fees only when the need for additional savings becomes critical. However, based on the number of states that are changing to capitated reimbursement arrangements, we believe the lowering of state dispensing fees is becoming less important.

We believe the findings in this report are significant and warrant the attention of all state Medicaid agencies. We intend to share this report with all state Medicaid agencies and hope this report will provide the necessary impetus for states to restructure their payment methodology for outpatient drugs.

EXHIBIT BX

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INV

DATE	TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
04/25/94	W	00075135001	HP ACTHAR GEL 80 USP 5 ML	N	5.00	32.22
04/25/94	W	00517040125	ATROPINE SULFATE .4MG 1ML VIAL	N	25.00	5.35
04/25/94	W	00472001699	AUROTO OTIC SOLUTION	N	15.00	1.35
04/25/94	W	51079060520	CEPHALEXIN 500 MG	N	100.00	19.45
04/25/94	W	00081019892	CORTISPORIN OTIC SUSPENSION (POLYMYXIN B	I	10.00	14.42
04/25/94	W	00054817425	DEXAMETHA 1.0MG TAB 1C	N	100.00	18.99
04/25/94	W	00007365021	DYAZIDE	I	100.00	33.22
04/25/94	W	00548201600	EPINEPHRINE INJECTION USP 1:10,000	N	25.00	32.16
04/25/94	W	00517560125	HYDROXYZINE HCL 50MG 1ML VIAL	N	25.00	5.61
04/25/94	W	00009005604	MEDROL 4 MG CT	I	21.00	9.31
04/25/94	W	00641149535	PROMETHAZINE HYDROCHLORIDE INJECTION USP	N	25.00	9.39

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INVOICE TOTAL 181.47

03/31/94	M	00074158603	5% SODIUM CHL INJ	N	1 500.00	12.00	15.06
03/31/94	M	00074797408	GLYCINE 3000ML	N	1 3000.00	4.00	34.21
03/31/94	M	00074797307	WATER 2000ML FLEX	N	1 2000.00	6.00	32.03
03/31/94	M	00074797208	SOD CHL IRRG FLEX	N	1 3000.00	4.00	26.72
03/31/94	M	00074798437	SODIUM CHL 0.9% INJ LIFECARE 100MLFILL	N	80.00		135.31
03/31/94	M	00074798302	0.9% SOD CHL LC	N	1 200.00	34.00	17.27
03/31/94	M	00074798309	0.9% SOD CHL LC	N	1 100	12.00	14.26
03/31/94	M	00074798509	0.45% SOD CHL LC	N	1 100	12.00	15.25
03/31/94	M	00074792609	5% DEX-1/2 SOD LC	N	1 100	12.00	17.08
03/31/94	M	00074790209	DEX SOD 20MEQ KCL	N	1 100	12.00	22.67
03/31/94	M	00074794109	5% DEX .9% SOD LC	N	1 100	12.00	17.40
03/31/94	M	00074792209	5% DEXTROSE LC	N	1 100	12.00	16.01
03/31/94	M	00074792202	5% DEXTROSE LC	N	1 100	24.00	17.84
03/31/94	M	00074792909	5% DEX AND LRS LC	N	1 100	12.00	19.22
03/31/94	M	00074795309	LACTATED RINGERS	N	1 100	12.00	17.48
03/31/94	M	00074796509	NORMOSOL-M DEX LC	N	1 100	12.00	26.28
03/31/94	M	00074159002	STERILE WATER INJ	N	1 250.00	12.00	11.94
03/31/94	M	00074793132	LIDOON 0.4% 250ML	N	1 250.00	12.00	94.14

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INVOICE TOTAL 550.17

PHARMACY TOTAL 731.64

T - Traced to invoice and each ID number, date, invoice type, drug name and quantity was correct unless changed. 6-14-95 CBL

✓ - Verified math accuracy of invoice total and amounts agreed.

6-14-95 CBL
6-15-95 S10

Enclosure C

Confidential

Pharmacy Information Form

Pharmacy Name: Box Butte General Hospital

Address: 2101 Box Butte Ave

Alliance, Ne 69301

Phone Number: (308) 762-3327

Contact Person: Sue Boike, R.R.

Type of Pharmacy
(Check Appropriate Block(s))

Independent Retail Pharmacy

Chain (four or more stores) Pharmacy

Other:

Nursing Home Pharmacy

Hospital Outpatient Pharmacy

Home I.V. Pharmacy

Mail Order Pharmacy

County Public Health Unit Pharmacy

Public Health Entity

Inpatient Hospital Pharmacy



ABE

COLO

Add a "0" to
all NDC's

8

5 H033194 HOSPITAL PRODUCTS DIVISION
ABBOTT LABORATORIES
THANK YOU FOR YOUR ORDER

DUPLICATE

PAGE

1

INVOICE DATE	INVOI	NET 30	PURCHASE ORDER NO.	ORD. LOC.	ORDER DATE	M.C.
03/31/94	643	033194	DAL	03/31/94	1B	
CUSTOMER NO.		1475042		14750426	M026	AB7062146
S O L D T O	BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301	PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING	REFERENCE NO.	CLASS	DEA REG. NO.	TERRITORY
		74782852-01A	ISSUE DATE			
			03/31/94	SHIP TO	BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301	MBU03
			SHIP LOC.	AUC		

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRIC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
1		"	1	12/500 0074- 1586-03	03	5% SODIUM CHL INJ		F295173265BE		15.060		15.06
			C 1	84511DM								
2		2	4/3000 0074- 7974-08		08	GLYCINE 3000ML		F295173265BE		34.210		68.42
			C 2	86023JT								
3		1	6/2000 0074- 7973-07		07	WATER 2000ML FLEX		F295173265BE		32.030		32.03
			C 1	82611JT								
4		2	4/3000 0074- 7972-08		08	SOD CHL IRRG FLEX		F295173265BE		26.720		53.44
			C 2	85248JT								
5		1	CS/80 0074- 7984-37		37	0.9% SODCHL 100ML		F295173265BE		135.310		135.31
			C 1	86908JT								
6		1	24/250 0074- 7983-02		62	0.9% SOD CHL LC		F295173265BE		17.270		17.27
			C 1	86930JT								
7		1	12/1M 0074- 7983-09		39	0.9% SOD CHL LC		F295173265BE		14.260		14.26
			C 1	85290JT								
8		1	12/1M 0074- 7985-09		39	0.45% SOD CHL LC		F295173265BE		15.250		15.25
			C 1	86002JT								
9		2	12/1M 0074- 7926-09		39	5% DEX-1/2 SOD LC		F295173265BE		17.080		34.16
			C 2	86988JT								
10		1	12/1M 0074- 7902-09		39	DEX SOD 20MEQ KCL		F295173265BE		22.670		22.67
			C 1	86974JT								
11		1	12/1M 0074- 7941-09		39	5% DEX .9% SOD LC		F295173265BE		17.400		17.40
			C 1	85291JT								
12		1	12/1M 0074- 7922-09		39	5% DEXTROSE LC		F295173265BE		16.010		16.01
			C 1	85309JT								
13		1	24/250 0074- 7922-02		62	5% DEXTROSE LC		F295173265BE		17.840		17.84

ies, of North Chicago, Illinois, hereby certifies that the articles covered by this invoice are not adulterated or misbranded
in accordance with the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning
of state or municipal law, in which the definitions of adulteration and misbranding are substantially the same as those
of the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles
prohibited by the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles
certified by the U.S. Food and Drug Administration, as required by section 404 or 505 of said Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles
certified that the products covered by this invoice have been produced in compliance with the applicable
Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT
PAYMENT TO:

IC2C

ABBOTT LABORATORIES
P.O. BOX 92679

CHICAGO, IL 60675-2679



ABBOTT LABORATORIES

Health Care World Wide

COLORADO WHOLESALE LICENSE NO. W-35 H 033194
FEDERAL I.D. NO. 36-069-8440

HOSPITAL PRODUCTS DIVISION

RECEIVED FROM THE DIVISION
ABBOTT LABORATORIES

ABBEY LABORATORIES
FARMERS BRANCH TX 75240

DUPPLICATE

PAGE 1

THANK YOU FOR YOUR ORDER

INVOICE DATE	INVOICE NUMBER	T.C.	TERMS	PURCHASE ORDER NO.		ORD. LOC.	ORDER DATE	M. C.
03/31/94	64301715	04	1% 15 DAYS NET 30	033194		DAL	03/31/94	1B
CUSTOMER NO.		CLASS	DEA REG. NO.	CUSTOMER NO.		CLASS	DEA REG. NO.	TERRIOTY
14750426		M026	AB7062146	14750426		M026	AB7062146	MBU03
S O L D T O BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301				PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING REFERENCE NO. 74782852-01A ISSUE DATE 03/31/94 SHIP LOC. AUC		S H I P T O BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301		

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRIC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
1		"	1	12/500	0074- 1586-03	03	5% SODIUM CHL INJ	F295173265BE		15.060		15.06
			C	1	84511DM							
2		2	4/3000	0074- 7974-08	08	GLYCINE 3000ML	F295173265BE		34.210		68.42	
			C	2	86023JT							
3		1	6/2000	0074- 7973-07	07	WATER 2000ML FLEX	F295173265BE		32.030		32.03	
			C	1	82611JT							
4		2	4/3000	0074- 7972-08	08	SOD CHL IRRG FLEX	F295173265BE		26.720		53.44	
			C	2	85248JT							
5		1	CS/80	0074- 7984-37	37	0.9% SODCHL 100ML	F295173265BE		135.310		135.31	
			C	1	86908JT							
6		1	24/250	0074- 7983-02	62	0.9% SOD CHL LC	F295173265BE		17.270		17.27	
			C	1	86930JT							
7		1	12/1M	0074- 7983-09	39	0.9% SOD CHL LC	F295173265BE		14.260		14.26	
			C	1	85290JT							
8		1	12/1M	0074- 7985-09	39	0.45% SOD CHL LC	F295173265BE		15.250		15.25	
			C	1	86002JT							
9		2	12/1M	0074- 7926-09	39	5% DEX-1/2 SOD LC	F295173265BE		17.080		34.16	
			C	2	86988JT							
10		1	12/1M	0074- 7902-09	39	DEX SOD 20MEQ KCL	F295173265BE		22.670		22.67	
			C	1	86974JT							
11		1	12/1M	0074- 7941-09	39	5% DEX .9% SOD LC	F295173265BE		17.400		17.40	
			C	1	85291JT							
12		1	12/1M	0074- 7922-09	39	5% DEXTROSE LC	F295173265BE		16.010		16.01	
			C	1	85309JT							
13		1	24/250	0074- 7922-02	62	5% DEXTROSE LC	F295173265BE		17.840		17.84	

ries, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of any state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those of the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce certifies that the products covered by this invoice have been produced in compliance with the applicable Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT
PAYMENT TO

1174

ABBOTT LABORATORIES
P.O. BOX 92679

CHICAGO, IL 60675-2679



ABBOTT LABORATORIES

Health Care World Wide

COLORADO WHOLESALE LICENSE NO. W-35 H033194
FEDERAL I.D. NO. 36-069-8440

HOSPITAL PRODUCTS DIVISION

ABBOTT LABORATORIES

THANK YOU FOR YOUR ORDER

DUPLICATE

PAGE 2

END

FARMERS BRANCH TX 75244

PURCHASE ORDER NO.

ORD. LOC.

ORDER DATE

M.C.

INVOICE DATE	INVOICE NUMBER	T.C.	TERMS			CUSTOMER NO.	CLASS	DEA REG. NO.	TERRI TORY
03/31/94	64301715	04	1% 15 DAYS NET 30			033194			
S O L D	CUSTOMER NO.	CLASS	DEA REG. NO.	PLEASE USE YOUR CUSTOMER NUMBER WHEN REORDERING	REFERENCE NO.	14750426	M026	AB7062146	MBU03
T O	14750426	M026	AB7062146	74782852-01A	ISSUE DATE	14750426	M026	AB7062146	MBU03
	BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301			03/31/94	SHIP LOC.	BOX BUTTE GEN HOSP/PHCY OWEN HLTHCR 4704/BX 810 2101 BOX BUTTE AVENUE ALLIANCE NE 69301			
				AUC					

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRIC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	UNIT PRICE	M	EXTENSION
14		2	C 1	86015JT						19.22C		38.44
		2	12/1M	0074- 7929-09	39	5% DEX AND LRS LC		F295173265BE				
15		2	C 2	86009JT						17.48C		34.96
		2	12/1M	0074- 7953-09	39	LACTATED RINGERS		F295173265BE				
16		1	C 2	85294JT						26.28C		26.28
		1	12/1M	0074- 7965-09	39	NORMOSOL-M DEX LC		F295173265BE				
17		2	C 1	83929FW						11.94C		23.88
		2	12/250	0074- 1590-02	02	STERILE WATER INJ		F295173265BE				
18		1	C 2	84528DM						120.35C		120.35
		1	3/40	0074- 4612-04	04	EXTENT CONNECT		F295173265BE				
19		1	C 1	83257H1						81.67C		81.67
		1	2/60	0074- 5396-02	02	SHORT LUER MALE		F295173265BE				
21		1	C 1	80243H1						94.14C		94.14
		1	12/250	0074- 7931-32	32	LIDOON 0.4% 250ML		F295173265BE				
		1	C 1	81157FJ								
20	EMS	FOLLOWING ITEM(S) SCHEDULED TO BE SHIPPED							SUBTOTAL			878.84
		1	CS/12	0074- 7809-22	22	DOPMN 400MG 250ML			TOTAL			878.84
		MAUREEN		308-762-3327				SHIP FROM	FARM BR TX			
		SHIPPED VIA:	NEBRASKA TRANSP CO			NEBT						
		00										

Abbott Laboratories, of North Chicago, Illinois, hereby certifies that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of any state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those of the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles of manufacture, processing, packaging, or holding which are adulterated or misbranded within the meaning of the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice. Abbott Laboratories, of North Chicago, Illinois, hereby certifies that the products covered by this invoice have been produced in compliance with the applicable Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT PAYMENT TO:

1C2C

ABBOTT LABORATORIES
P.O. BOX 92679

CHICAGO, IL 60675-2679

PRINTED ON RECYCLED PAPER

T

NC-0-4

Page No. 5
05/23/95

ID NC-0-04

INV			DESCRIPTION	IND	QTY	PRICE
DATE	TYPE	NDC				
07/19/94	M	00074978903	LIPOSYN II 20%	I	12.00	108.54
07/19/94	M	00074109005	AMINSYN 2 10 1000	I	6.00	56.10
07/19/94	M	00074799009	STERILE WATER LC	N	12.00	9.84
07/19/94	M	00074711807	STER WATER BULK	N	6.00	9.74
07/19/94	M	00074798309	0.9% SOD CHL LC	N	12.00	9.74
07/19/94	M	00074978603	LIPOSYN II 10%	I	12.00	59.09
07/19/94	M	00074196607	SOD CHL INJ 30ML	N	100.00	4.50
07/19/94	M	00074108803	AMINSYN 2 8.5 500	I	12.00	51.98
				T		
				INVOICE TOTAL		309.63

07/15/94	W	00186183935	MVI PEDICATRIC MULTIVITAMINS FOR INFUSIO	S	25.00	153.39
07/15/94	W	00469138003	PEDTRACE 4 3ML IN 6.5ML SDVIAL	N	25.00	33.15
07/15/94	W	39769005310	SELE-PAK 40MCG/ML	N	25.00	35.70
				T		
				INVOICE TOTAL		222.24
				PHARMACY TOTAL		531.87

T- Traced to invoice and each ID number, date, invoice type, drug name and quantity was correct unless changed.

5-24-95 CS

✓- Verified math accuracy of invoices' totals and amounts agreed.

5-24-95 CS

6-16-95 DR



ABBOTT LABORATORIES

Health Care World Wide

COLORADO WHOLESALE LICENSE NO. W-35

FEDERAL I.D. NO. 36-069-8440

0071594 HOMECARE DIVISION

ABBOTT LABORATORIES

STONE MOUNTAIN GA 30083

DUPLICATE

PAGE 1

END

THANK YOU FOR YOUR ORDER

INVOICE DATE	INVOICE NUMBER	T.C.	TERMS	PURCHASE ORDER NO.	ORD. LOC.	ORDER DATE	M.C.
07/19/94	I6100949	15	1% 15 DAYS, NET 90 FROM DOI	9380	ATL	07/15/94	1B

CUSTOMER NO.		CLASS	DEA REG. NO.	CUSTOMER NO.		CLASS	DEA REG. NO.	TERITORY
SOLD TO	11429198	P040		429198	P040			AHK03
HEALTHINFUSION INC	SUITE 200			HEALTHINFUSION INC	SUITE 200			
3363 VILLAGE DRIVE				3363 VILLAGE DRIVE				
FAYETTEVILLE NC 28304				FAYETTEVILLE NC 28304				
ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL								

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRIC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	EXTENSION
1		2	12/500	00074- 9789-03	03	LIPOSYN II 20%		0000125529		217.08
2		3	6X1000	00074- 1090-05	05	AMINSYN 2 10 1000		0000125529		168.30
4		1	12/1M	00074- 7990-09	39	STERILE WATER LC		0000125529		9.84
5		3	CS/6	00074- 7118-07	07	STER WATER BULK		0000125529		29.52
6		3	6	00074- 88005FJ						29.22
7		1	12/1M	00074- 7983-09	39	0.9% SOD CHL LC		0000125529		59.09
8		4	12/500	00074- 9786-03	03	LIPOSYN II 10%		0000125529		18.00
			C 1	89366DE						531.05
		4	PKG/25	00074- 1966-07	73	SOD CHL INJ 30ML		0000125462		531.05
			C 1	90419DK						
			VALERIE 910-483-6525							
			SHIPPED VIA: ESTES EXPRESS							
			LINE							
						EXLA				
EQJ	LMB	00								

Abbott Laboratories, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded under the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, to be introduced into interstate commerce. Abbott Laboratories certifies that the products covered by this invoice have been produced in compliance with the applicable Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE REMIT
PAYMENT TO:

28C8

ABBOTT LABORATORIES
P.O. BOX 100997

ATLANTA, GA 30384-0997



Health Care World Wide
 COLORADO WHOLESALE LICENSE NO. W-35 0071594 HOMECARE DIVISION
 FEDERAL I.D. NO. 36-069-8440
 SHIPPER DEA#: PA0020709 THANK YOU FOR YOUR ORDER

DUPLICATE
 PAGE 1
 END

INVOICE DATE	INVOICE NUMBER	T.C.	TERMS	PURCHASE ORDER NO.	ORD.LOC	ORDER DATE	M.C.
07/18/94	37106734	15	1% 15 DAYS, NET 90 FROM DOI	9380	ATL	07/15/94	1B
CUSTOMER NO.		CLASS	DEA REG. NO.	CUSTOMER NO.	CLASS	DEA REG. NO.	TERRIORTY
11429198		P040		11429198	P040		AHK03
SOLD TO HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304				SHIP TO HEALTHINFUSION INC SUITE 200 3363 VILLAGE DRIVE FAYETTEVILLE NC 28304			
ATL							

ITEMS CODED # SUBJECT TO DRUG ABUSE CONTROL

LINE	LOCATION	QUANTITY	SIZE DESC.	NDC/NHRIC LIST SIZE	INV. SIZE	PRODUCT DESCRIPTION	SP. CD.	CONTRACT DEAL NO.	TAX	ITEM	EXTENSION
3		2	12X500	0074- 1088-03	03	AMINSYN 2 8.5 500		0000125529			103.96
		C	2	87837DM						SUBTOTAL	103.96
FOLLOWING ITEM(S) SCHEDULED TO BE SHIPPED											
1		2	12/500	0074- 9789-03	03	LIPOSYN II 20%	SHIP FROM	RALEIGH NC			
2		3	6X1000	0074- 1090-05	05	AMINSYN 2 10 1000	SHIP FROM	RALEIGH NC			
4		1	12/1M	0074- 7990-09	39	STERILE WATER LC	SHIP FROM	RALEIGH NC			
5		3	CS/6	0074- 7118-07	07	STER WATER BULK	SHIP FROM	RALEIGH NC			
6		3	12/1M	0074- 7983-09	39	0.9% SOD CHL LC	SHIP FROM	RALEIGH NC			
7		1	12/500	0074- 9786-03	03	LIPOSYN II 10%	SHIP FROM	RALEIGH NC			
8		4	PKG/25	0074- 1966-07	73	SOD CHL INJ 30ML	SHIP FROM	RALEIGH NC			
EQJ LMB VALERIE 910-483-6525 SHIPPED VIA: UNITED PARCEL SERVICE UPSN 00											

No packing slip attached

Abbott Laboratories, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded in the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act, of 1910, as amended, or within the meaning of applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. Abbott Laboratories certifies that the products covered by this invoice have been produced in compliance with the applicable Labor Standards Act of 1938, as amended, and regulations issued thereunder.

PLEASE RETAIN
PAYMENT TO:

28C8

ABBOTT LABORATORIES
P.O. BOX 100997

ATLANTA, GA 30384-0997

HE 5124

919-482-6502

INVOICE

**FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8573**

INVOICE NUMBER

3919369-92

BILL **TO:** **HEALTHINFUSION**
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE **NC** **28304**

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304
AMANDA@3389

CUSTOMER P.O. NO.

3010369-02	322	07/22/94	383	AMANDA9389	07/26/94
		TRANS			PER
** UFS ONLY **				F	1

** HES ONLY **

*** THIS IS YOUR INVOICE ***

SUB TOTAL	173.96
MISC. CHARGE	
HANDLING FEE	
FREIGHT TOTAL	0.00
FED./OTHER TAX	
STATE TAX	
PAYMENT REC'D.	0.00

INC.  TOTAL AMT DUE

REMIT
TO

MEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

REFUTATION OF BODY

MEDICAL SPECIALTIES CO., INC
58 NORFOLK AVE
SOUTH EASTON MA 02375

INVOICE

FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8573

INVOICE NUMBER

HES174

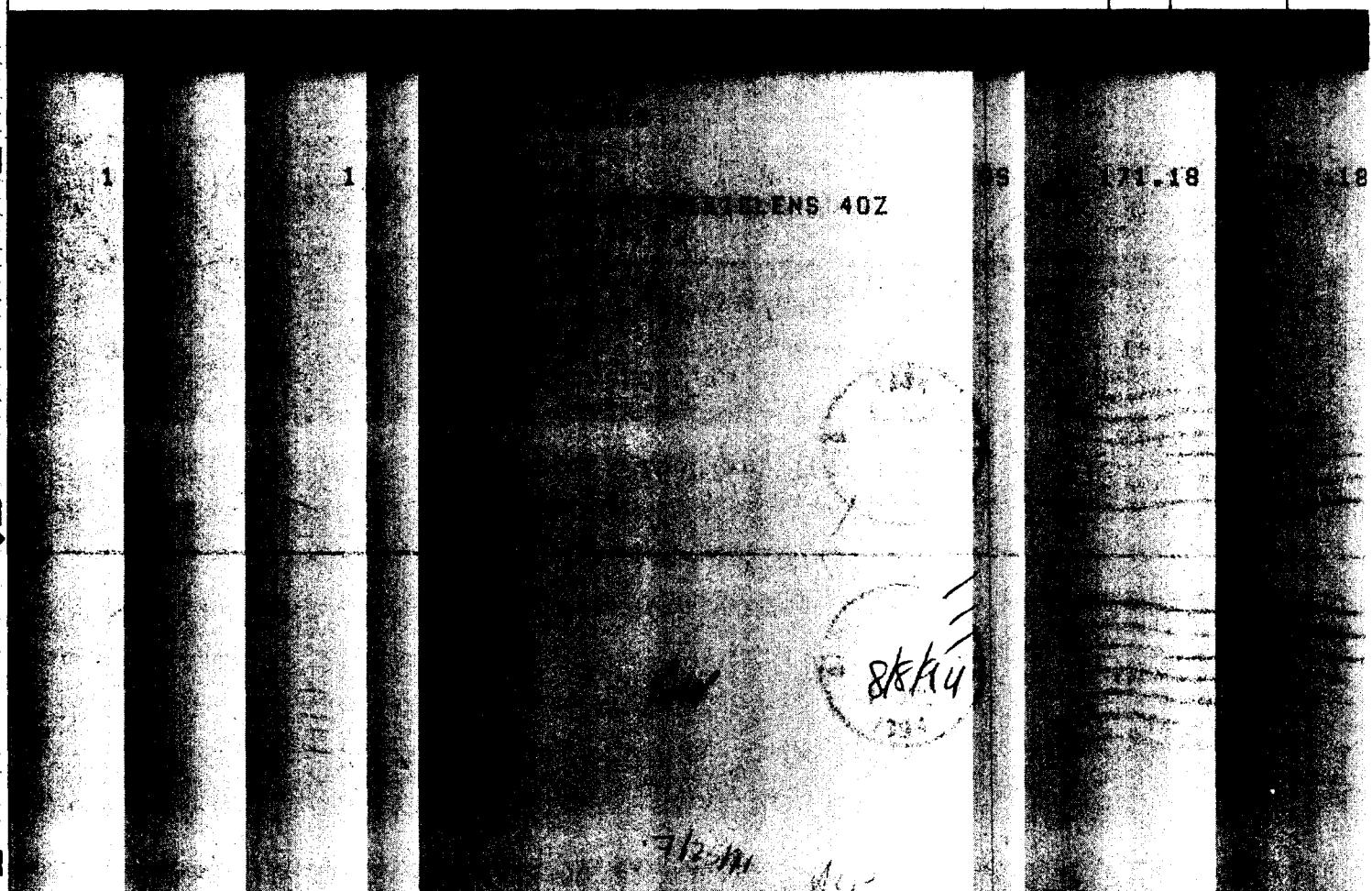
919-493-6502

3010369-01

BILL TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304
AMANDA9389
CUSTOMER P.O. NO.

3010369-01	322	07/22/94	383	AMANDA9389	07/25/94
** UPS ONLY **		RPS		P	1



*** THIS IS YOUR INVOICE ***

SUB TOTAL 171.18

MATERIALS

HANDLING FEE

FREIGHT TOTAL 0.00

FED./OTHER TAX

STATE TAX

PAYMENT REC'D. 0.00

CODE EXPLANATION
* - STATE TAX APPLICABLE
- FED./OTHER TAX APPLICABLE
+ - STATE & FEDERAL TAX APPL.
B - BALANCE BACK ORDERED
C - CONSIDER COMPLETE
D - DIRECT SHIPMENT
F - FACTORY MINIMUM

ITEM	QUANTITY
0.00	0.00

NET TERMS: INV 30 DUE: 08/04/94

REMIT
TOMEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

TOTAL 171.18

MEDICAL SPECIALTIES CO., INC
58 NORFOLK AVE
SOUTH EASTON MA 02375

INVOICE

FOR ALL INQUIRIES CONCERNING THIS ORDER
PLEASE CALL (508) 238-8590
FAX (508) 238-8873

INVOICE NUMBER

HE5174

919-482 6502

3010369-04

BILL TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304

SHIP TO: HEALTHINFUSION
3363 VILLAGE DRIVE
SUITE #200
FAYETTEVILLE NC 28304
AMANDA9389

CUSTOMER P.O. NO.

3010369-04	322	07/22/94	383	AMANDA9389	08/04/94
UFS				F	1



*** THIS IS YOUR INVOICE ***

CODE EXPLANATION

- * - STATE TAX APPLICABLE
- C - CONSIDER COMPLETE
- # - FED/OTHER TAX APPLICABLE
- D - DIRECT SHIPMENT
- + - STATE & FEDERAL TAX APPL.
- F - FACTORY MINIMUM
- B - BALANCE BACK ORDERED

	FREIGHT AMT
0.00	0.00

NET TERMS: INV 30 DUE: 08/03/94

*** ORDER COMPLETED ***

SUB TOTAL

87.12

HANDLING FEE

FREIGHT TOTAL 0.00

FED/OTHER TAX

STATE TAX

PAYMENT REC'D.

0.00

0.00

REMIT
TOMEDICAL SPECIALTIES CO., INC.
P.O. BOX 6121
BOSTON, MA 02212-6121

REMITTANCE COPY

89.12


Bergen Brunswig Drug Company
YOUR PARTNER IN PRODUCTIVITY

BBC RALEIGH DIVISION
 8605 EBENEZER CHURCH ROAD
 RALEIGH NC 27613
 - DEA# RD0185187

PLEASE REMIT TO:
BERGEN BRUNSWIG CORP.
 P O BOX 31187
 RALEIGH NC 27622

S H I P HEALTH INFUSION 51
 TRACY BROWN
 3363 VILLAGE DRIVE SUITE 200
 FAYETTEVILLE NC 28304

B I L L HEALTH INFUSION CORP
 TRACY BROWN
 3363 VILLAGE DRIVE SUITE 200
 FAYETTEVILLE NC 28304

INVOI

DAY DIV F
 FRI 057 PO

* * * * DUPLICATE * *

INVOICE NO.	INV DATE
057-241136	07/15/94
ACCOUNT NO.	CUST DEA #
057-073163	BH3412208

QTY	DESCRIPTION	CL	CD	ITEM NO	AWP	COST	INV RATE	UNIT PRICE	EXTENSION
	PURCHASE ORDER NO. - 9379								
	ORDER DATE 07/14/94 TIME 5.41.26 PM								
	* * * PICKING NUMBER - 215447 * * *								
1	VANCOMYCIN 1GM F/T FTV		10	RXQ 156-372	60.44	67.98	2.00	69.34	69.34

CL: C1 - BEHIND THE COUNTER C4 - CONTROLLED SUBSTANCE - CLASS 4 HB - HEALTH AND BEAUTY AIDS RX - PRESCRIPTION DRUGS
 C2 - CONTROLLED SUBSTANCE - CLASS 2 C5 - CONTROLLED SUBSTANCE - CLASS 5 MS - MEDICAL SUPPLIES
 C3 - CONTROLLED SUBSTANCE - CLASS 3 GM - GENERAL MERCHANDISE OT - OVER THE COUNTER MEDICATION

CD: B - BEST PRICE
 E - FREE GOODS
 F - TAX FREE TO CONSUMER

N - NET ITEM
 P - PRICE CHANGE
 Q - CONTRACT ITEM

R - PROGRAM PRICE
 S - SPECIAL PRICE
 T - RETAIL TAX

W - WHOLESALE TAX
 Z - SUPERNET ITEM

PURCHASES 1ST THRU 15TH DUE BY 25TH OF SAME MONTH;
 16TH THRU EOM DUE BY 10TH OF FOLLOWING MONTH.

69.34
 DUE 07/25/94

Page No. 62
06/12/95

ID NC-0-05

INV

DATE	TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
08/19/94	W	00069265041	Procardia XL (Nifedipine) Extended Release	S	100.00	106.25
08/19/94	W	0003056902	PROLIXIN	I	1.00	15.46
08/19/94	W	0064149535	PROMETH 25MG PROMETHAZINE HYDROCHLORIDE INJECTION USP	N	100.00	9.20
08/19/94	W	00364075601	Propranolol Tabs	N	100.00	0.69
08/19/94	W	50458043001	PROPULSID U.D.	S	100.00	55.35
08/19/94	W	00006007228	PROSCAR 5MG TABLET 100UD	S	100.00	151.78
08/19/94	W	50458033006	RISPERDAL 3MG	S	60.00	198.67
08/19/94	W	00031789011	ROBINUL INJECTABLE VIALS NDA-17-558	I	25.00	5.54
08/19/94	W	00004196405	ROCEPHIN ADD-VANTAGE 1GM (CEFTRIAXONE SO	S	10.00	245.26
08/19/94	W	00004196401	ROCEPHIN 1 GM 10 X 10 ML VIAL (CEFTRIAXO	S	10.00	242.22
08/19/94	W	00081085695	SEPTRA (TRIMETHOPRIM	N	10.00	10.07
08/19/94	W	00173046700	SEREVENT INHALATION AEROSOL 60 DOSE	S	60.00	25.11
08/19/94	W	00074488825	SODIUM CHL 0.9% INJ USP 10ML FLIPTOP VIA	N	25.00	4.78
08/19/94	W	00074488825	SODIUM CHL 0.9% INJ USP 10ML FLIPTOP VIA	N	25.00	4.78
08/19/94	W	00009011313	SOLU-MEDROL S.P. 40 MG AOV	I	25.00	18.62
08/19/94	W	00781159913	SPIRONOLACTONE 25MG	N	100.00	3.94
08/19/94	W	00048210070	SSD (1% SILVER SULFADIAZINE) CREAM 400 G	I	400.00	10.57
08/19/94	W	00048113003	SYNTHROID (LEVOTHYROXINE SODIUM) TABLETS	N	100.00	20.08
08/19/94	W	00002729110	TAZIDIME	N	10.00	177.24
08/19/94	W	58887005232	TEGRETOL (CARBAMAZEPINE)	I	100.00	10.19
08/19/94	W	00641061025	THIAMINE HYDROCHLORIDE INJECTION USP	N	25.00	13.01
08/19/94	W	00053710001	THROMBINAR	B	1.00	2.52
08/19/94	W	00033043153	TICLID 250MG (TICLOPIDINE HCL)	S	100.00	114.48
08/19/94	W	00029657140	TIMENTIN (TICARCILLIN	S	10.00	102.86
08/19/94	W	00003272510	TOBRAMYCIN SULFATE INJECTION 40 MG/ML	N	25.00	70.20
08/19/94	W	00033244450	TORADOL IM (TUBEX) (KETOROLAC TROMETHAMI	S	10.00	67.51
08/19/94	W	00033243450	TORADOL IM (TUBEX) (KETOROLAC TROMETHAMI	S	10.00	64.38
08/19/94	W	57267090230	TRANSDERM NITRO (NITROGLYCERIN)	N	100.00	0.01
08/19/94	W	00083434504	TRANSDERM SCOP (SCOPOLAMINE)	S	3.00	12.00
08/19/94	W	23317030115	TRIAMCINOLONE ACETONIDE 0.1% CREAM	N	15.00	0.81
08/19/94	W	51079027261	TRIAMCINOLONE ACETON	N	15.00	0.87
08/19/94	W	00003173745	TRIMOX 125	N	150.00	1.26
08/19/94	W	00003010151	TRIMOX 250	N	100.00	8.08
08/19/94	W	00003173845	TRIMOX 250	N	150.00	1.68
08/19/94	W	00049003283	Unasyn (Ampicillin Sodium/sulbactam sodi	S	10.00	99.68
08/19/94	W	00049003183	Unasyn (Ampicillin Sodium/sulbactam sodi	S	10.00	54.28
08/19/94	W	00034700480	UNIPHYL 400MG TABLETS	N	100.00	52.46
08/19/94	W	00074653501	VANCOMYCIN HCH 1GMADDVANTAGE VIAL STERIL	N	10.00	60.39
08/19/94	W	00074653501	VANCOMYCIN HCH 1GMADDVANTAGE VIAL STERIL	N	10.00	60.39
08/19/94	W	00074653401	VANCOMYCIN HCL 500MG ADDVANTAGE VIALSTER	N	10.00	30.20
08/19/94	W	00006071268	VASOTEC 5MG TABLET 100	S	100.00	63.41
08/19/94	W	00006071228	VASOTEC 5MG TABLET 100UD	S	100.00	66.05
08/19/94	W	00006071368	VASOTEC 10MG TABLET 100	S	100.00	66.59
08/19/94	W	00006071328	VASOTEC 10MG TABLET 100UD	S	100.00	69.22
08/19/94	W	00006001428	VASOTEC 2.5MG TABLET 100UD	S	100.00	52.55
08/19/94	W	00074488720	WATER INJ 20ML	N	25.00	6.17
08/19/94	W	00008012101	WYDASE LYOPHILIZED NDA-60-343	S	1.00	5.31
08/19/94	W	00186035601	10% XYLOCAINE ORAL SPRAY (LIDOCAINE)	S	30.00	27.99
08/19/94	W	00186061101	XYLOCAINE 2% SOLUTION	I	10.00	13.39
08/19/94	W	00173034442	ZANTAC TABLET 150MG 60'S BOTTLE	S	60.00	61.76
08/19/94	W	00173036238	ZANTAC INJECTION 25MG/ML 2ML 10'S	S	10.00	22.61
08/19/94	W	00005323423	ZIAC BISOPROLOL FUMARATE/HYDROCHLORTIAZ	S	100.00	67.97
08/19/94	W	00173044200	ZOFRAN INJECTION MULTI DOSE 20ML VIAL	S	20.00	172.30

Bargain Drug Company

YOUR PARTNER IN PRODUCTIVITY

BBDC - CHARLOTTE
11107-P SOUTH COMMERCE BLVD
CHARLOTTE NC 28273
704 587-6600 DEA# RDO185478

PLEASE REMIT TO:

BERGEN BRUNSWIG CORP.

P.O. BOX 411489

CHARLOTTE NC 28241-1189

Case #04-cv-12257-PBS
INV DATE 04-04-04
ACCOUNT NO. 077-1227144
077-075408 AG3171939

INVOICE

DAY FRI 077 03 010

* * * ORIGINAL * * *
INVOICE NO. 077-1227144
ACCOUNT NO. 077-075408 AG3171939

GASTON MEM HOSPITAL PHARMACY
P.O. BOX 1747
2525 COURT DRIVE
GASTONIA NC 28053-1747

ITEM	DESCRIPTION	QTY	UPC / NDC	AWP	UNIT PRICE	EXTENDED
6	TRIAMCINOLONE 0.1%	CRM	15GM RX2T939-660	•81		
2	TRIAMCINOLONE .025%	CRM	15GM RXQT023-705	1.09		
1	TRIMOX 125MG	SUS	150ML RXQT064-386	1.35		
1	TRIMOX 250MG	CAP UD	100 RXQT064-451	10.22		
2	TRIMOX 250MG	SUS	150ML RXQT064-402	2.02		
1	TRIMOX 250MG	TAB	150ML RXQT064-455	2.02		
6	UNASYN ADDUAN 3.0GM	ADV	10 RX 33-104	123.80		
4	UNASYN VL 1.5GM	ADV	10 RX 347-070	67.41		
1	UNIPHYL 400MG	TAB	100 RX 011-734	62.54		
1	VANCOMYCIN 1GM	ADV	10 RXQT151-845	144.38		
1	VANCOMYCIN 1GM	ADV	10 RXQT151-845	144.38		
8	VANCOMYCIN 500MG	ADV	10 RXQT151-381	72.25		
1	VASOTEC 5MG	TAB UD	100 RXQT092-619	91.18		
1	VASOTEC 5MG	TAB UD	100 RXQT092-601	94.98		
1	VASOTEC 10MG	TAB UD	100 RXQT092-627	95.74		
1	VASOTEC 10MG	TAB UD	100 RXQT092-726	99.53		
1	VASOTEC 2.5MG	TAB UD	100 RXQT092-304	75.55		
2	WATER ST FTV		25X20ML RXQT162-149	22.50		
12	YDASE LYOPH 150UN	VL	1ML RX	6.60		
2	XYLOCAINE 10% ORAL	AER	30ML RXQC560-839	42.69		
10PK	XYLOCAINE 100MG	PFS	10X5ML RXQC560-169	20.75		
3	ZANTAC 150MG	TAB	60 RXQT18-403	95.66		
10	ZANTAC 50MG/2ML	VL	10X2ML RXQT18-098	39.92		
1	ZIAC 5MG	TAB	100 RX	84.41		

N - NET ITEM R - PROGRAM PRICE
E - PRICE CHANGE C - FREE GOODS
F - TAX FREE TO CONSUMER O - RETAIL TAX
G - CONTRACT ITEM

HB - HEALTH AND BEAUTY AIDS
MS - MEDICAL SUPPLIES
OT - OVER THE COUNTER MEDICATION

W - WHOLESALE T
Z - SUPERNET ITEM

Page No. 72
06/12/95

ID NE-0-11

INV		DATE	TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
05/04/94	W	00277017401			RESPAIRE-60 SR CAPSULES	N	100.00	26.18
05/04/94	W	00062057546			RETIN-A GEL .01% 45 GM TUBE	S	45.00	35.56
05/04/94	W	00031740994			ROBAXIN INJ VIAL NDA-11-790	I	25.00	31.69
05/04/94	W	00074578216			RONDEC SYRUP CARBINO	N	480.00	25.82
05/04/94	W	00044502202			RYTHMOL	S	100.00	67.24
05/04/94	W	00078018103			SANDOSTATIN AMPS .1MG	S	20.00	133.24
05/04/94	W	00078018425			SANDOSTATIN MULTI-DOSE VIAL 1000MCG/ML	S	5.00	352.96
05/04/94	W	00075030000			SLO-BID	N	100.00	6.27
05/04/94	W	00074196607			SOD CHL INJ 30ML	N	25.00	5.38
05/04/94	W	00603576621			SPIRONOLACTONE 25MG TAB	N	100.00	3.37
05/04/94	W	00005389840			SUPRAX ORAL SUSP 50ML	S	50.00	22.34
05/04/94	W	00008413201			SURMONTIL 25MG CAP NDA-16-792	I	100.00	45.19
05/04/94	W	00008415801			SURMONTIL 100MG CAP NDA-16-792	I	100.00	107.50
05/04/94	W	00173043200			TEMOVATE SCALP APPLICATION 25ML	S	25.00	16.48
05/04/94	W	00310010110			TENORMIN 100MG 100TB BTL	S	100.00	104.88
05/04/94	W	00008034101			TET DIP TOXOID	G	10.00	19.33
05/04/94	W	00065064705			TOBRADEX	S	5.00	15.53
05/04/94	W	00074459201			TRACE METALS 5ML	N	25.00	34.46
05/04/94	W	00168000680			TRIAM ACET 0.1% OINT 80G	N	80.00	1.99
05/04/94	W	00590009066			TRIDIL	B	20.00	26.16
05/04/94	W	00574722210			TRIMETHOBENZAMIDE SUPPOSITORIES	N	10.00	2.02
05/04/94	W	11793752201			TUBERSOL	B	1.00	9.36
05/04/94	W	11793752202			TUBERSOL	B	5.00	19.21
05/04/94	W	00074653301			VANCOMYCIN 1GM FT	N	10.00	135.81
05/04/94	W	00074433201			VANCOMYCIN 500MG	N	10.00	68.41
05/04/94	W	00006071228			VASOTEC 5MG TABLET 100UD	S	100.00	66.08
05/04/94	W	00006071368			VASOTEC 10MG TABLET 100	S	100.00	66.62
05/04/94	W	00006071328			VASOTEC 10MG TABLET 100UD	S	100.00	69.24
05/04/94	W	00015309520			VEPESID	S	5.00	84.40
05/04/94	W	00186023503			XYLOCAINE 4% SOLUTION	I	10.00	43.36
05/04/94	W	00186024213			XYLOCAINE HCL 2% SOLUTION	I	10.00	15.14
05/04/94	W	00186012501			XYLOCAINE HCL 2% W/EPINEPHRINE 1:100,000	I	20.00	1.96
05/04/94	W	00173036238			ZANTAC INJECTION 25MG/ML 2ML 10'S	S	10.00	20.93
05/04/94	W	00173044200			ZOFRAN INJECTION MULTI DOSE 20ML VIAL	S	20.00	172.22

T T T INVOICE TOTAL 9070.99 ✓

PHARMACY TOTAL 9070.99

T- Traced to invoice and check
 ID number, date, invoice type,
 drug name and quantity was
 correct unless changed.
 6-14-95 CBY

✓- Verified math accuracy of
 invoices' totals and amounts
 agreed. 6-14-95 CBY

Enclosure C

Confidential

Pharmacy Information Form

Pharmacy Name: Regional West Medical Center Hospital Pharmacy

Address: 4021 Avenue B

Scottsbluff

NE 69361

Phone Number: (308) 630-1264

Contact Person: Donald Graham R.Ph.

Type of Pharmacy (Check Appropriate Block(s))

Independent Retail Pharmacy

Chain (four or more stores) Pharmacy

Other:

Nursing Home Pharmacy

Hospital Outpatient Pharmacy (Inclusive with Inpatient)

Home I.V. Pharmacy

Mail Order Pharmacy

County Public Health Unit Pharmacy

Public Health Entity

***WE USE THE PRIME VENDOR CONCEPT AND AS A RESULT HAVE ONLY A SINGLE
DISTRIBUTOR

WHITMIRE DIGI CUKR - DENVER
4770 (U) FOREST STREET 80216
DENVER, CO
(303) 355-2731
DEA# RW0192017 05/31/94

Whitmire
Distribution Corporation

REMIT TO: WHITMIRE DIST CORP - DENVER

RENUMBER 88-88256-0448

Case 1:01-cv-12257-PBS Document 6211-15 Filed 06/29/09 Page 37 of 49

Invoice

PAGE : 15
ALL CLAIMS FOR DAMAGE OR
SHORTAGES MUST BE REPORTED
WITHIN 48 HOURS. INVOICE
NUMBER REQUIRED.

QUANTITY	UNIT	DESCRIPTION	ITEM NUMBER	CLASS	SUGGESTED RETAIL	UNIT PRICE	EXTENSION	% DISCOUNT	S/DE
3	EA	TRIAMCINOLONE ACETON OINT 0.1 %	80 GM	126039	5.10	4.99	5.97	0	B
		NDC# 00016800080		116181	225.00	225.00	26.16	26.16	B
1	EA	TRIDIL	VIAL 5MG/ML 20X10 ML						B
		NDC# 00059000906	SUPP 200MG	859133	5.85	2.02	2.02	2.02	B
1	EA	TRIMETHOBENZAMIDE							B
		NDC# 000574722210	MDV	445940	11.17	9.36	37.44	37.44	B
4	EA	TUBERSOL 10 TEST							B
		NDC# 011793752201	MDV	445959	22.91	19.21	384.20	384.20	B
20	EA	TUBERSOL 50 TEST							B
		NDC# 011793752202	MDV	604712	516.06	135.81	814.86	814.86	B
6	EA	VANCOMYCIN FLPTP	VIAL 1GM 10X25 ML						B
		NDC# 00074653301	VIAL 500MG 10X10 ML	604704	259.85	68.41	410.46	410.46	B
6	EA	VANCOMYCIN FLPTP							B
		NDC# 00074433201	TABS 5 MG	368431	91.87	66.08	66.08	66.08	B
1	EA	VASOTEC							B
		NDC# 000006071228	TABS 10 MG	368458	92.62	66.62	266.48	266.48	B
4	EA	VASOTEC							B
		NDC# 000006071368	TABS 10 MG	368466	96.27	69.24	69.24	69.24	B
1	EA	VASOTEC							B
		NDC# 000006071328							B
10	EA	VEPESID NON RTN VHA+	VIAL 20MG/ 5 ML	868434	131.03	84.40	844.00	844.00	B
		NDC# 000015309530	AMPS 4% 10X5 ML	007366	56.60	43.36	43.36	43.36	B
1	EA	XYLOCAINE							B
		NDC# 000186023503							B

CODES : B = BID
S = SPECIAL
NR = NON-REBATEABLE

INVOICE TOTAL	DISC. AMOUNT
CONTINUED	

HHD015-1521

ID	DATE	INV.	NDC	B/G	TYPE		QTY	PRICE	TOTAL
VA-O-3	06/30/94	W	00074488825	G	SOD CHL FTV	0.9% 10ML ABB	25	3.50	1.38
VA-O-3	06/30/94	W	00015321430	B	DEPOT PARAPLATN	SDV 150MG 20ML	1	189.60	
VA-O-3	06/30/94	W	00071425940	B	BENADRYL SYR	50MG 1ML	10	1.42	14.21
VA-O-3	06/30/94	W	00364246533	G	CEFAZOL VL	1GM 10ML SCHE	10	13.07	
VA-O-3	06/30/94	W	00641039525	G	GENTAMIC VL	80MG 2ML E/S	25	7.60	
VA-O-3	06/30/94	W	00641233143	C	CENTAMIC MDV	8CMG 20ML E/S	10	8.41	
VA-O-3	06/30/94	W	00074653301	G	VANCOMY FTV	1GM ABB 6533-01&	10	65.85	
VA-O-3	06/30/94	W	00364246693	G	CEFAZOL PBV	10GM 1CML SCHE	10	100.00	105.86
VA-O-3	06/30/94	W	00074196607	G	SOD CHL BAC	FTV .9% 30ML AB	25	7.50	4.56
VA-O-3	06/30/94	W	00364653056	G	DIPHENHYD VL	300MG SCHE 30ML	30	2.68	
VA-O-3	06/30/94	W	00268030101	B	EPIPEN 0.3MG	AUTO-INJECTOR	0.3	24.92	
VA-O-3	06/30/94	W	00074115278	G	HEPAR L/S FTV	3MU 30ML ABB	25	7.50	9.92
VA-O-3	06/30/94	W	00205464694	G	LEUCOVOR VL	IMM 100MG	100	4.81	
VA-O-3	06/30/94	W	00205464577	G	LEUCOVOR VL	350MG IMM	1	20.01	
VA-O-3	06/30/94	W	00074488820	G	SOD CHL FTV	0.9% 20ML ABB	25	5.00	5.57
VA-O-3	06/30/94	W	00173044200	B	ZOFRAN MDV	40MG 20ML	20	181.30	
VA-O-3	06/30/94	W	00268030201	B	EPIPEN JR 0.15MG	AUTO INJECTOR	0.15	24.92	
VA-O-3	06/30/94	W	55513034810	B	NEUPOGEN SDV	480MCG 1.6ML	10	10	1862.91
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV	UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV	UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV	UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00186119935	B	M.V.I. 12 SDV	UNIT-VIAL CT25	250	31.15	
VA-O-3	06/30/94	W	00548652400	G	CALC GLUC VL	10% 100ML IMS	12	1200	23.70
VA-O-3	06/30/94	W	00074339702	B	CENOLATE AMP	1MMG 2ML ABB	10	200	50.65
VA-O-3	06/30/94	W	00074405101	G	CLINDAMY VL	600MG 4ML ABB	25	100	43.46
VA-O-3	06/30/94	W	00074419701	G	CLINDAMY VL	9000MG ABB 60ML	60	22.59	
VA-O-3	06/30/94	W	00033290348	B	CYTOVENE PWD	VIAL 500MG	25	25	734.43
VA-O-3	06/30/94	W	00268030101	B	EPIPEN 0.3MG	AUTO-INJECTOR	0.3	24.92	
VA-O-3	06/30/94	W	00186190601	B	FOSCAVIR VL	24MG ASTR 500ML	12	6000	1404.87
VA-O-3	06/30/94	W	00074115178	G	HEPAR L/S FTV	3CU 30ML ABB	25	7.50	6.87
VA-O-3	06/30/94	W	00074115270	G	HEPAR L/S FTV	1CU 10ML ABB	25	250	9.92
VA-O-3	06/30/94	W	00205464577	G	LEUCOVOR VL	350MG IMM	1	20.01	
VA-O-3	06/30/94	W	00517821025	G	MULTITRACE S CONC	10ML A/R	25	250	42.55
VA-O-3	06/30/94	W	55513034710	B	NEUPOGEN SDV	300MCG 1ML	10	10	1170.02
VA-O-3	06/30/94	W	55513034810	B	NEUPOGEN SDV	480MCG 1.6ML	10	16	1862.91
VA-O-3	06/30/94	W	58178002050	B	NEUTREXIN VIAL	25MG	50	50	1722.10
VA-O-3	06/30/94	W	00015321530	B	DEPOT PARAPLATN	SDV 450MG 1CML	100	568.82	
VA-O-3	06/30/94	W	00015321330	B	PARAPLATIN SDV	50MG 10ML	10	10	63.21

ID	DATE	TYPE INV.	NDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
VA-O-3 T	06/30/94 t	W	00003073531 t	∞	G PENICIL-G POT VL 20MU SQ 10 t	10 t	34.41 t	
VA-O-3	06/30/94	W	00074665305		G POT CHL FTV 40MEQ 20ML ABB 25	500 ✓	5.07	
VA-O-3	06/30/94	W	00074729501		G POT PHOS FTV 45MMP 15ML ABB 25	375 ✓	8.47	
VA-O-3	06/30/94	W	59676031001	B	DEPOT PROCRIT VL 10000U IML 6	6 t	519.67	
VA-O-3	06/30/94	W	59676030301	B	DEPOT PROCRIT VL 3000U 1ML 6	6 ↓	164.11	
VA-O-3	06/30/94	W	00074329905	G	SOD ACE FTV 1CMEQ 50ML ABB 25	1250 ✓	21.53	
VA-O-3	06/30/94	W	00074329906	G	SOD ACE FTV 2CMEQ 1CML ABB 25	2500 ✓	43.05	
VA-O-3	06/30/94	W	00074196607	G	SOD CHL BAC FTV .9% 30ML AB 25	750 ✓	4.56	
VA-O-3	06/30/94	W	00074488825	G	SOD CHL FTV 0.9% 10ML ABB 25	250 ✓	4.36	
VA-O-3	06/30/94	W	00074114101	G	SOD CHL FTV 23.4% 50ML ABB 25	1250 ✓	12.66	
VA-O-3	06/30/94	W	00074113002	G	SOD CHL SOL 23.4% 250ML ABB 12	3000 ✓	30.39	
VA-O-3	06/30/94	W	00074653301	G	VANCOMY FTV 1GM ABB 6533-01&	10 t	65.85	
VA-O-3	06/30/94	W	00074650901	G	VANCOMYCIN VIAL 5GM BULK ABB 1	1 ↓	32.29	
VA-O-3	06/30/94	W	00517611025	G	ZINC SUL SDV 10MG 10ML A/R 25	250 ✓	7.98	
VA-O-3	06/30/94	W	00173044200	B	ZOFRAN MDV 40MG 20ML	20 t	181.30	11581.89 ✓

Ⓐ = see p. 1

T = Traced to envelope

t = traced to invoice

∞ = verified to mckesson data file by DESCRIPTION

* = additional data added from invoice

X = erroneous entry; correction as shown

✓ = verified calculation

UAC 4/25/95

NOTE: all changes/ corrections made to file #315. wq1. UAC 4/25/95

089755

FoxMeyer

SHIP TO

JUL 26 1994

DEA NO. RF0165894

4501 CAROLINA AVE-F
RICHMOND, VA 23222
PHONE (804) 228-2800

SOLD TO

FARMARK BRANCH 006C
CONCORD MARY ST 0000
MANTILLY VA 22021

125-001

CARE

JUL 27 1994

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CLOSED FOR JULY 4TH-NO MON DELIVERIES-REG DELIVERIES ON TUES

AM6937 8C1452692 06/30/94

003223 66-07213

BOX NO	DEPT.	ITEM NO	NDC/UPC NO	QTY	U/S	DESCRIPTION	CODE	DEA	LIST/RETAIL	UNIT COST	QTY	EXTENDED
1 103 8/	1	019000 0001440002	997 SODIUM CHL INJ .9% VOF	1	ML	10ML P			4.30	44.4	1	44.4
2 10323/1	723498	00015321430	10EA PARAPLATIN INJ 150MG SDV	10	P	225.51			109.60	15.9	1096.4	
3 10344/	065045	000171425940	15CT BENADRYL DISP 575MG 50MG 10X1ML P	1	CT	1.69			14.21	15.9	213.1	
3 10326/1	106294	00014246533	4CT CEFAZOLIN INJ 1GM SCH 10X10ML P	4	CT	5.70			13.07	77.9	52.8	
3 10321/1	024281	00011039525	2CT GENTAMICIN INJ 40MG/ML ES 25X2ML P	2	CT	1.04			7.60	70.0	15.2	
3 10321/1	315010	00041233143	3CT GENTAMICIN INJ 40MG VL 25 10X20ML P	3	CT	10.41			8.41	91.9	23.2	
3 10325/1	377089	00074653301	1CT VANCOMYCIN 1GM FL3PTP VIAL 100 P	1	CT	17.73			85.93	82.7	85.91	
4 10326/1	488577	00360246693	4CT CEFAZOLIN INJ 1GM SCH 10X10ML P	4	CT	29.90			105.86	81.0	423.41	
4 10321/1	024280	00074190607	1CT SODIUM CHL INJ .9% BACT/25X2ML P	1	CT	1.55			4.55	44.0	4.51	
5 10344/1	154393	00364653056	30EA DIPHENHYDRAMINE INJ 10MG SCH30ML P	30	EA	4.75			2.60	43.6	80.41	
5 10326/1	303723	000200030401	10EA EPIPEN AUTO INJECTOR	10	EA	29.54			24.92	15.6	149.51	
5 10321/1	202212	00074113270	10CT NEPARIN-LCK-FLON 100U AD000250ML P	10	CT	9.92			87.3	9.92	87.3	
5 10344/1	539312	00268464674	30EA LEUCOVORIN CALC INJ 100MG VL LED P	30	EA	29.41			4.81	87.8	144.38	
5 10326/1	533267	000505464577	50EA LEUCOVORIN CALC INJ 100MG VL LED 10 P	50	EA	127.94			25.51	95.5	1000.50	
5 10329/1	447235	00074400020	1CT SODIUM CHL .9% VL ADD 25X2ML P	1	CT	1.68			3.57	67.2	3.57	
5 10346/1	516203	00173044200	20EA ZOTRAN INJ	20	EA	214.00			107.00	15.6	2000.00	
6 10351/1	580403	00268030201	10EA EPIPEN AUTO INJCTR JR .15MG P	10	EA	29.54			24.92	15.6	373.80	
7 10326/1	343707	00013034010	8CT NEUROGEM 300MG/ML VL	8	CT	120.00			100.00	17.0	3768.00	
8 10321/1	705046	00106119935	10CT N-V 1-10 UNIT VIAL SDV	10	CT	2.00			31.19	53.2	511.30	
9 10321/1	705046	00106119935	10CT N-V 1-10 UNIT VIAL SDV	10	CT	2.00			31.19	53.2	511.30	
10 10321/1	705046	00106119935	10CT N-V 1-10 UNIT VIAL SDV	10	CT	2.00			31.19	53.2	511.30	

#= Not listed in 1994 Red Book

087753

DEA ID. #FD153896

4501 CAROLINA AVE-F
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003223 6C-07213

BOX NO	DEPT.	ITEM NO	PCN/UPC NO	QTY U/S	DESCRIPTION	CODE	DEA	LIST/RETAIL	UNIT COST	G.P. %	EXTENDED
++ 103 11/	705046 00156119928	10CT N V I-12 UNIT VIAL SDV	AST 250 PG	R	2.66	31.15	53.0	711.54			
++ 103 11/	091504 00540652400	20CT CALCIUM GLUC VL 10X 1ML 12X10ML PG	10 (see Addendum data file)	6.86	23.70	71.2	474.04				
++ 103 11/	603100 00074339702	10G CENOLATE AMP 16M	1000ML PG	R	62.50	50.65	19.0	50.65			
++ 103 11/	406352 00074405101	2CT CLINDAMYCIN 600MG SDV ADD 25X4ML PG	4.40	43.46	61.2	416.48					
++ 103 11/	332346 00074419701	10EA CLINDAMYCIN 96M VL	ADD 60ML PG		59.57	22.59	62.1	338.03			
++ 103 11/	300850 00033290348	40CT CYTOVENE INJ 500MG STER PWD 250 P		34.81	734.43	15.629377.29					
++ 103 11/	530728 00069030101	34EA EP-IPEN AUTO INJECTOR	3ML P		39.34	34.92	15.0	523.48			
++ 103 11/	315119 00156199601	4CB POSCAVIR IV 24MG/ML AST 12X500ML PG		1751.10	1404.87	19.0	5617.45				
++ 103 11/	520698 00074115170	10CT HEPARIN LCK FLUSH SOL 10U 25X30ML PG		.80	8.87	53.7	507.70				
++ 103 11/	288212 00074115270	10CT HEPARIN LCK FLUSH 100U ADD 25X30ML PG		.92	9.93	57.3	529.20				
++ 103 11/	523387 00005464577	10EA LEVOCETIRISIN 50MG 30X200MG LED 10 PG		137.94	29.01	82.5	994.49				
++ 103 11/	555540 00517821023	10CT MULTITRACE 5 CONC HDV AR 25X10ML PG		6.00	42.55	71.6	519.00				
++ 103 11/	341529 53513634710	40CT NEUPOGEN 300MCG/ML VL	10X1ML P	R	141.00	1170.02	17.046809.00				
++ 103 11/	343707 58513634610	8CT NEUPOGEN 300MCG/ML VL	10X1.0ML P	R	386.98	1040.04	13.64863.29				
++ 103 11/	491223 58179002030	1CB NEUTROGEN INJ 250MG 2X250 P		2123.00	1722.10	19.0	1722.10				
++ 103 11/	725416 00015321530	10EA PARAPLATIN INJ 450MG SDV	10 P	676.54	368.02	15.9	5488.20				
++ 103 11/	725390 00015321330	20EA PARAPLATIN INJ 500MG SDV	10 P	75.19	62.21	15.9	1244.20				
++ 103 11/	071787 00003073331	5CT PENICIL G POT 3000000U 00100 PG		7.50	34.41	54.6	172.05				
++ 103 11/	150530 00074665305	20CT POTASS CHL INJ 400MG VL 25X5ML PG		.83	5.97	75.6	101.46				
++ 103 11/	339784 00074729291	20CT POTASS PWD 400MG PLIPTOP 25X5ML PG		1.39	6.47	75.6	101.46				
++ 103 11/	497991 52076971991	10CT PROSET 1000U/ML VL	4X1ML PG	R	114.92	812.67	29.1	8112.72			

089755

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ARE037 DC1452692 196/39/94

003223 6C-07213

DEPT.	ITEM NO	MOQ/UPC NO	QTY U/S	DESCRIPTION	CODE	DEA	LIST/RETAIL	UNIT COST	G.R. %	EXTEND
00 103 34/1	455596 39070030301	SCT PROGRIT 3000U/ML VL	6X1ML PG	R	38.02	164.11	24.1	1312		
00 103 4/1	009274 00074329905	SCT SODIUM ACETATE 250G/ML 25X50ML PG			4.11	21.53	79.1	107		
00 103 5/1	009522 00074329906	10CT SODIUM ACETATE 250G/ML 25X100ML PG			3.63	43.05	53.0	430		
00 103 6/1	031930 00074106607	10CT SODIUM CHL 3M3 .02 BACT 25X30ML PG			.53	4.56	64.0	520		
00 103 7/1	013388 00074000025	10CT SODIUM CHL 3M3 .02 USP 25X10ML PG			.49	4.36	64.4	434		
00 103 8/1	070045 00074114101	10CT SODIUM CHL 23.4 %PLTP ABB05X50ML PG			2.63	12.66	82.1	126		
00 103 9/1	319517 00074113002	ECG SODIUM CHL 23.4% ABB12X250ML PG			93.69	39.39	67.5	60		
00 103 10/1	277020 00024652301	10CT VANCOMYCIN 1GM PLSTP VSAL 100 PG			17.73	65.05	62.9	650		
00 103 11/1	013342 00074650901	100EA VANCOMYCIN 5GM BLK VL ABB 10 PG			53.02	32.29	40.0	3229.1		
00 103 12/1	454900 00517611025	4CT ZINC SUL INJ AR 25X10ML PG			2.65	7.96	88.0	31.1		
00 103 13/1	910305 00173044200	40EA ZOPRAN 2MD BLK 20ML PG			214.05	101.30	15.0	7250.4		
		480001 VIRGINIA ST TAX .00 RX *								.0
		480143 HENRICO CO TAX .00 RX *								.0

EXHIBIT BY

W/P Reference 4F-18
Prepared by Miller Date 04/09/01
Reviewed by J. Chase Date 4-5-01

Medicaid Pharmacy Actual Acquisition Cost
CIN: A-06-00-00023
Documentation of Prior Audit Kick-off Conference

Purpose: To document the prior audit kick-off conference, in which discussions were held concerning non-traditional pharmacies

Source: HHS generated/prior audit workpapers

Exhibit: Abbott 581
Wit: Sullivan
Date: 3/12/08
Rptr: EJ

13

CM: AIGA 04-00020

CF-10
CF-18

A-06-00-00023

RECORD OF DISCUSSION

DATE: August 30-31, 1994 ✓

PLACE: Radisson Hotel, Richmond, Virginia ✓

PARTICIPANTS:

OIG

Medicaid Pharmacy Reps. ✓

George Reeb, AIGA, HCFAD
Ben Jackson, Audit Manager
Gordon Sato, Audit Manager
Bill Shrigley, Senior Auditor
Paul Chesser, Auditor

Susan McCann, Missouri
Susan McCleod, Florida
Donna Bovell, D.C.
David Shepherd, Virginia
Elizabeth Miller, Virginia
Joe Fine, Maryland
Allen Fung, California
Ed Vaccaro, New Jersey
Cindy Denemark, Delaware
Benny Ridout, North Carolina
Terry Krantz, Montana

HCFA

Dave McNally
Mike Keogh

PURPOSE:

To discuss and plan our nationwide review of the difference between the invoice price for drugs and AWP, for Medicaid pharmacy providers. ✓

COMMENTS:

We informed the States that they were 1 of 12 randomly selected States to be used to develop a nationwide estimated of the difference between invoice price of drugs and AWP. We stated that HCFA had requested us to perform this review as the moratorium on pharmacy reimbursement would expire on December, 31, 1994. We further explained that we would be requesting the largest invoice for a designated month from 48 pharmacies in each State, with 12 pharmacies being selected from 4 categories of pharmacies -- Rural-Chain, Rural-Independent, Urban-Chain, and Urban-Independent. We indicated that each State would receive a report showing the results for their State and that the combined results would be reported to HCFA.

The State officials expressed concern that our review was limited to one aspect of pharmacy reimbursement. They said that any effort to lower the reimbursement for acquisition cost should also include some review of dispensing fees. They stated that we should include a fifth category of pharmacies to include non- ✓

2/3

6-30
A-06-00-00025

CF-10
CF-18

traditional retail pharmacies such as hospitals, home IV, nursing homes, physicians etc... The State officials believed that these pharmacies purchased at substantially bigger discounts than traditional retail pharmacies* They also stated that we should request the largest invoice from each different type of supplier rather than just the largest invoice.

We agreed to add the fifth category of pharmacies. We also agreed to request the largest invoice from each different type of supplier. We decided that the types of suppliers would be identified as; 1) wholesaler, 2) chain warehouse, 3) manufacturer, and 4) generic distributors. Additionally, we determined together, that for the purposes of this review, chain pharmacies would include all pharmacies with four or more stores. We also composed the letter to be sent to each pharmacy requesting the invoices. ✓

The State officials agreed to provide us with a listing of the pharmacy providers in their State. The listing would identify the pharmacies as chain, independent or other (non-traditional). We would determine whether the pharmacy was rural or urban by comparing the county location of the pharmacy to an MSA listing.

We agreed to meet upon the completion of the review to discuss the reporting of our results.

* The state officials believed that including the non-traditional pharmacies would overstate the estimate of the difference. We agreed to exclude the non-traditional pharmacies from the overall estimates. Most states ~~were~~ were interested in seeing what the non-traditional paid for drugs so we decided to include an estimate for them.

P. Chay
12-495

3/3

EXHIBIT BZ

Jackson, Milton B

December 12, 2008

Washington, DC

Page 1

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MASSACHUSETTS

- - - - -
IN RE: PHARMACEUTICAL) MDL NO. 1456
INDUSTRY AVERAGE WHOLESALE) CIVIL ACTION
PRICE LITIGATION) 01-CV-12257-PBS

- - - - -
THIS DOCUMENT RELATES TO:)
U.S. ex rel. Ven-A-Care of) Judge Patti B. Saris
the Florida Keys, Inc. v.)
Boehringer Ingelheim Corp.,) Chief Magistrate
et al., Civil Action No.) Judge Marianne B.
07-10248-PBS) Bowler

- - - - -
(Cross captions appear on following pages)

Videotaped deposition of MILTON B. "BEN" JACKSON

Washington, D.C.

Friday, December 12, 2008

9:00 a.m.

Jackson, Milton B

December 12, 2008

Washington, DC

Page 394	Page 396
<p>1 is going after at all. I have not seen it.</p> <p>2 Q. You were not consulted --</p> <p>3 A. No.</p> <p>4 Q. -- at all?</p> <p>5 A. Absolutely not.</p> <p>6 Q. Even though you were one of the leading</p> <p>7 people at OIG during the 1990s in this area no</p> <p>8 one even asked you whether you thought this</p> <p>9 lawsuit had any merit, right?</p> <p>10 MR. AZORSKY: Objection, form.</p> <p>11 A. No. But they wouldn't.</p> <p>12 Q. Why wouldn't they want to hear what</p> <p>13 people who were there thought before they filed a</p> <p>14 lawsuit?</p> <p>15 A. That's a good question. I mean, I</p> <p>16 think our reports kind of speak for themselves.</p> <p>17 I mean, the thoughts are in the reports, the</p> <p>18 writing of the reports. So, I mean, it's there.</p> <p>19 It is what it is.</p> <p>20 Q. What do you mean by that?</p> <p>21 A. Well, it's documented in these reports.</p> <p>22 I mean, we've got, what, eleven state reports in</p>	<p>1 A. I'm not going to answer that question.</p> <p>2 Q. Now, there are procedures at OIG that</p> <p>3 someone like yourself have to follow if they</p> <p>4 become aware of fraud on the Medicaid program or</p> <p>5 the Medicare program, correct?</p> <p>6 A. Correct.</p> <p>7 Q. What are those procedures?</p> <p>8 A. From an audit perspective or from --</p> <p>9 Q. If you become aware of a fraud on the</p> <p>10 Medicare and Medicaid program in your work what</p> <p>11 are you to do?</p> <p>12 A. If I come across what I believe to be a</p> <p>13 fraudulent situation we are instructed to stop</p> <p>14 the audit and report our findings to an OI</p> <p>15 investigator.</p> <p>16 Q. Now, starting in 1994 the OIG team was</p> <p>17 looking at thousands of invoices for drugs,</p> <p>18 correct?</p> <p>19 A. Mm-hmm. That's correct.</p> <p>20 Q. And they were comparing invoice price</p> <p>21 to AWP, right?</p> <p>22 A. That's correct.</p>
Page 395	Page 397
<p>1 one batch and we've got eight in the next. We've</p> <p>2 got four roll-up reports and we've got follow-up</p> <p>3 reports to those. So, I mean, it's pretty well</p> <p>4 documented what the findings were, right? So --</p> <p>5 Q. And the findings are that states are</p> <p>6 paying more than acquisition cost, particularly</p> <p>7 for generic drugs, right?</p> <p>8 MR. AZORSKY: Objection to form.</p> <p>9 MR. DRAYCOTT: Objection.</p> <p>10 A. Yes.</p> <p>11 Q. And yet now the government is trying to</p> <p>12 recover from pharmaceutical manufacturers for</p> <p>13 that same amount, right?</p> <p>14 MR. AZORSKY: Objection to form.</p> <p>15 A. I don't know what they're trying to</p> <p>16 recover, sir. Like I said, I've not privy to any</p> <p>17 of that information.</p> <p>18 Q. If you accept my representation to you</p> <p>19 that that's what they're doing, does that seem a</p> <p>20 little odd to you?</p> <p>21 MR. DRAYCOTT: Objection.</p> <p>22 MR. AZORSKY: Objection to form.</p>	<p>1 Q. And on average OIG found that in the</p> <p>2 first round nationally the difference was about</p> <p>3 42 and a half percent for generic drugs, correct?</p> <p>4 A. Right.</p> <p>5 Q. And there would be instances where the</p> <p>6 difference was larger, right?</p> <p>7 A. (Nods head).</p> <p>8 Q. You were aware of that?</p> <p>9 A. Yes.</p> <p>10 Q. There would be instances where the</p> <p>11 difference was smaller, AWP minus 20, say, for</p> <p>12 some generic drugs, right?</p> <p>13 A. Correct.</p> <p>14 Q. And you became aware of instances where</p> <p>15 there were drugs where the AWP was several times</p> <p>16 higher than the invoice price, right?</p> <p>17 A. Correct.</p> <p>18 Q. And did you ever report any fraud as</p> <p>19 required under your guidelines?</p> <p>20 A. No.</p> <p>21 MR. AZORSKY: Objection to form.</p> <p>22 MR. TORBORG: I have no further</p>

100 (Pages 394 to 397)

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